

USE THIS FORM FOR ALL ENTRIES EXCEPT CRAFTS — PLEASE TYPE OR PRINT

THE CLEVELAND MUSEUM OF ART

FIFTY-SECOND ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE

MAY 5 to JUNE 13, 1971

Miss Mrs. Mr. Artist

Richard Parzefall

Born in Cleveland Yes No

Entered Previous May Shows? Yes No

Permanent Address

STREET

CITY

ZIP

COUNTY

Tel. (303) 482-4506
AREA CODE

Temporary Address

STREET

CITY

ZIP

Tel. ()
AREA CODE

Collaborator

(IF ANY)

Collect return shipment desired. Yes No

Shipping address

This form in triplicate is made up of N C R paper which does not require carbon paper.

One copy, complete with juror's marks, will be returned to you as notification of acceptance or rejection, the last week in April.

**THE RETURNED COPY IS YOUR ONLY RECEIPT TO CLAIM
YOUR ENTRIES. Do not lose it.**

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by the dates listed below.

It is also understood that accepted entries will remain on exhibition until June 13, 1971.

The submission of entries will be construed as acceptance of all conditions printed in the entry information.

Richard Parzefall

SIGNATURE

RETURN DATES FOR OBJECTS - Monday through Saturday 9:00 a.m. to 4:45 p.m. at Museum Service Entrance (West side of Museum)

REJECTED ENTRIES: May 8 - May 15, 1971

ACCEPTED ENTRIES: June 19 - June 26, 1971

SUBMIT ENTRIES WITH ENTRY BLANK AND FEE OF \$2.00 MARCH 13 THROUGH MARCH 20, 1971.

FIRST NAME

LAST NAME

EACH BOX INDICATES A SEPARATE ENTRY

LIMIT OF 2 ENTRIES PER PERSON

CATEGORY	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
----------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

MEDIUM	<i>Serigraph</i>				
--------	------------------	--	--	--	--

TITLE	<i>By the Sea</i>				
-------	-------------------	--	--	--	--

PRICE OR INSURANCE VALUE	SIZE
-----------------------------	------

GRAPHICS AND PHOTOGRAPHY ONLY

NUMBER FOR SALE	NUMBER IN EDITION	PRICE UN- FRAMED	PRICE OF FRAME	NO. OF FRAMES FOR SALE
-----------------------	-------------------------	---------------------	----------------------	------------------------------

DO NOT WRITE IN THIS SECTION

ACCEPTED	REJECTED
----------	----------

CATEGORY	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
----------	----------------------------	----------------------------	----------------------------	----------------------------	----------------------------

MEDIUM	<i>Acrylic on canvas</i>				
--------	--------------------------	--	--	--	--

TITLE	<i>Charity</i>				
-------	----------------	--	--	--	--

PRICE OR INSURANCE VALUE	SIZE
-----------------------------	------

GRAPHICS AND PHOTOGRAPHY ONLY

NUMBER FOR SALE	NUMBER IN EDITION	PRICE UN- FRAMED	PRICE OF FRAME	NO. OF FRAMES FOR SALE
-----------------------	-------------------------	---------------------	----------------------	------------------------------

DO NOT WRITE IN THIS SECTION

ACCEPTED	REJECTED
----------	----------

DATE RECEIVED	BY
3-13	RP

TWA

AIR FREIGHT
DOMESTIC AIRBILL
(NON-NEGOTIABLE)
TRANS WORLD AIRLINES, INC.

RECEIVED BY CARRIER AT:

SHIPPER'S DOOR CITY TERMINAL AIRPORT TERMINAL

ROUTING: AIRLINE ROUTING APPLIES UNLESS SHIPPER INSERTS SPECIFIC ROUTING HERE

CHARGES

PREPAID COLLECT

DELIVERY will be made to the consignee at a point where delivery service is available unless instructions to deliver to city terminal or airport terminal are specified in, "Instruction to Carrier" below.

LETTERS SIGNIFY AIRPORT OF DEPARTURE

015**971 5414**

IMPORTANT: Carrier will complete all items below bold line EXCEPT SHIPPER'S C.O.D. Weights and classifications are subject to correction.

FROM:	SHIPPER R. FARNOLIA	TO: CONSIGNEE THE CLEVELAND MUSEUM OF ART
STREET ADDRESS 2904 TULANE		STREET ADDRESS MAT SHOW OFFICE
CITY	ZONE STATE FT COLLINS, COLORADO 80521	CITY CLEVELAND, OHIO
BY:	SHIPPER OR SHIPPER'S AGENT X	SHIPPER'S NUMBER CLB
DESTINATION AIRPORT CODE CLB		CONSIGNEE'S NUMBER

It is mutually agreed that the goods herein described are accepted in apparent good order (except as noted) for transportation as specified herein, subject to governing classification and tariffs in effect as of the date hereof which are filed in accordance with law. Said classification and tariffs, copies of which are available for inspection by the

parties hereto, are hereby incorporated into and made part of this contract.

Carriage hereunder is subject to the rules relating to liability established by the Convention for the Unification of Certain Rules relating to International Carriage by Air, signed at Warsaw, October 12, 1929, unless such carriage is not "international carriage" as defined by the convention (See Carrier's tariffs for such definition).

Agreed stopping places are those places (other than the place of destination) shown under Routing or Airline Routing and/or those places shown in carriers' time table as scheduled stopping places for the route.

NO. PCS/PKGS.	DESCRIPTION OF PIECES AND CONTENTS MARKS - PACKING - NUMBER	WEIGHT	COMM. GRP. NO.	ROUTING		RATE	PREPAID CHARGES	COLLECT CHARGES
				TO	VIA			
1	1 BOX OIL PAINTING (SIC 39916)	19		CLB	TW	4.00	\$ 12.00	\$
							PICKUP	
	PLEASE ADD DELIVERY CHARGES & ADVISE BENEF						DELIVERY	3.75
							EXCESS VALUE TRANSPORTATION CHARGE	
	INSTRUCTIONS TO CARRIER						ADVANCES	
	INVOICE FOR \$750.00						INSURANCE	3.20
DECLARED VALUE Agreed and understood to be not more than the value stated in the governing tariffs for each pound on which charges are assessed unless a higher value is declared and applicable charges paid thereon.		DECLARED VALUE	<input type="checkbox"/> CASH <input checked="" type="checkbox"/> CHARGE \$ COLLECTED BY			SHIPPER'S C.O.D.		
PCS/PKGS.	LENGTH	WIDTH	DEPTH	CU. IN.	DIMENSIONAL WGT.	C. O. D. FEE		
	X	X	=	LBS.				

EXECUTED BY TRANS WORLD AIR LINES, INC. (Agent's Signature)

JAN WESTMOR

AT:

DRIVER

DATE

TIME

1235

A.M.
P.M.

.60 PAI

TOTAL CHARGES

\$

015 DEN 971 5414

LETTERS SIGNIFY AIRPORT DEPARTURE

TWA FORM AC-1 (7-69)

PRINTED IN U. S. A.

CONSIGNEE'S MEMO (NOT AN INVOICE)